

## REQUEST FOR EXTENSION/EXEMPTION OF CONTINUING EDUCATION REQUIREMENTS

### IOWA BOARD OF DENTAL EXAMINERS

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687 • Phone (515) 281-5157 • [www.state.ia.us/dentalboard](http://www.state.ia.us/dentalboard)

Pursuant to Iowa Administrative Code 650—25.7(153), the Board may, in individual cases involving physical disability or illness, grant an exemption of the minimum education requirements or an extension of time to fulfill the requirements. Exemptions or extensions may be granted for any period of time not to exceed one year. As a condition of exemption, the Board may also require the applicant to make up a certain portion or all of the education requirements. To request an exemption or extension, you must complete the following form in its entirety. Your treating physician must also complete and sign this form.

1. Name \_\_\_\_\_ License/Registration Number \_\_\_\_\_

2. Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

3. Profession: ☐ Dentist ☐ Dental Hygienist ☐ Dental Assistant

4. Request for: ☐ Exemption If so, for how many hours \_\_\_\_\_  
☐ Extension If so, for how long \_\_\_\_\_

6. Reason for the request:

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7. **Treating Physician:** Please provide an account of the applicant's disability or illness, which will be used by the Board to determine whether to grant the request for exemption or extension.

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8. Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Physician's License Number \_\_\_\_\_

9. Please complete the following list specifying the number of hours completed during the compliance period.

Date	Course Title	Sponsor and Location	Credit Hours
Total Hours			

10. Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_
- Phone Number:\_\_\_\_\_ Fax Number:\_\_\_\_\_
- E-mail:\_\_\_\_\_

You will be contacted after the Board has reviewed your request. Please allow a minimum of three weeks for a response.

MAIL COMPLETED APPLICATION TO:

**Iowa Board of Dental Examiners  
400 S.W. 8<sup>th</sup> Street, Suite D  
Des Moines, Iowa 50309-4687**